New England Deaconess Hospital
Boston, Massachusetts

pulse

VOLUME 22 — NUMBER 7 APRIL 1969

Dr. Warren Awarded The AAPB Gold Cane

Dr. Shields Warren admires the gold headed cane awarded to him by the American Association of Pathologists and Bacteriologists.

On March 10, 1969, Dr. Shields Warren, founder of the Cancer Research Institute and Scientific Director from 1951 until January, 1969, officially took his place with the elite of the medical world. On that day, at the San Francisco meeting of the American Association of Pathologists and Bacteriologists (AAPB) Dr. Warren, world reknown authority on pathology and radiation, was presented with one of the most cherished awards in the profession of medicine—the AAPB gold headed cane.

The cane—awarded only 17 times at infrequent periods during the past 50 years, derives its meaning from the early days of medicine when the physician's cane was symbolic of the wand of Aesculapius, Roman god of medicine. Today, possession of the gold headed cane of the AAPB symbolizes professional excellence of the highest order.

Dr. Warren's long and distinguished career has been studded with tributes and honors lauding his many worthwhile scientific contributions and sustained high degree of service to the medical profession. Dr. Warren, who for five years after its establishment served as head of the U.S. Atomic Energy Commission Division of Biol-

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Parking Situation Called Deaconess' "Biggest Headache"

To meet the current parking demand that exists at the New England Deaconess Hospital, "a 25-story building — five times as big as the garage at 110 Francis Street," would have to be constructed immediately, according to Mr. Richard E. Lee, Director, to cope with the situation.

Parking problems comprise "the biggest headache" at the New England Deaconess Hospital, stated Mr. R. D. Lowry, Executive Vice President.

Mr. Lee and Mr. Lowry addressed their remarks to 35 hospital employees gathered at the Joslin Auditorium, March 19, during a one-and-a-half hour meeting called by administration in response to the concern expressed by employees about parking.

At the meeting, Mr. Lee and Mr. Lowry explained the growing parking crisis being experienced by the Hospital and delineated recent measures that the Deaconess has been forced to take in order to maintain the present parking facilities for Hospital personnel.

The major misunderstandings stemmed from measures taken in 1964 by the New England Deaconess Hospital, to accommodate more cars.

At that time, administration determined that to cope with the accommodation of cars at the necessary rate, pack-parking was the only solution. After a thorough survey, Fitz-Inn Auto Parks, Inc., was chosen to operate the lot and provide a paid attendant.

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Good Grief
It's Spring!

Tender Loving Care - A Deaconess Recovery Room Specialty

The sign posted outside the door gives fair warning—"Positively No Admittance Except on Official Business." Even if your business is official, you still can't get a foot in the door unless you have on a surgical mask. The legitimate way, of course, is to pass through the Operating Room under an anesthetic and drowsily awake to find yourself in the Recovery Room.

As you emerge from the fog of the anesthetic a soothing voice will probably call you by your first name and say something like, "Hi, how are you doing? Your operation is over and you're in the Recovery Room." Then you might drift off to sleep again in a peaceful frame of mind knowing the worst is over.

The Deaconess Recovery Room differs from many other hospital recovery rooms in that it is more than just a post-anesthetic room where patients regain consciousness after an operation. Its purpose is to concentrate patients, in the post-operative period and for an extended period of time, so that they receive the supervision of nurses who have been especially trained. The Deaconess patient receives more intensive care for a longer period of time.

The nurse with the soothing voice wasn't always there to greet you as you came out of the fog after surgery. In fact, the first Operating Room at the Deaconess Hospital had no Recovery Room, and so patients were merely wheeled back to their respective rooms to regain consciousness. To keep a close surveillance on the post-operative patient in order to avoid complications such as asphyxia, shock, and respiratory or circulatory collapse, the Deaconess installed a Recovery Room. Later a second room was added across the hall to accommodate more patients.

Staffed by five nurses during the day, four in the evening, and three at night, the Recovery Room is equipped to handle 16 patients on stretchers or 8 bed patients. They are assisted with routine tasks by nurses' aides and orderlies.

"Recovery Room nursing is one of the highest types of specialized nursing," stressed Miss Ruth Pendleton, Director of Surgical Services. "This field of nursing concentrates the efforts of the nurses on direct patient care," she added.

"You have to be on your toes—thinking all the time—because the unexpected might happen," Miss Mary Mugnier, Head Nurse in the Recovery Room, pointed out as she kept a careful eye on all the patients. "You have to know a great deal about a lot of things," she continued, "not just surgical procedures, medical treatment, and patient evaluation, but even patients' personal problems." Just recently a Portuguese man underwent open heart surgery, and when he began to regain consciousness he mumbled only Portuguese. In order to attend to his needs and reassure him that the operation was over, someone had to be fluent in Portuguese. The nurse doesn't ordinarily speak several languages, but she might possibly recall the little Spanish she may have had in school and get the message across in a similar language.

Nurse Virginia Provost adjusts the oxygen mask for a patient in the Recovery Room.

To avoid such problems, Recovery Room nurses pay their patients preoperative visits. "Most people don't like hospitals, and they put death and pain in one category," Miss Mugnier said. To lessen fear and ignorance, the nurses prepare their patients for what they will wake up to in the Recovery Room. "If a patient knows beforehand that he will have a tube in his nose, or an oxygen mask on his face, he will not be as frightened when he wakes up," she added. The procedure also benefits the nurses because it gives them a chance to find out more about the patient — if he is hard of hearing, blind, on medication, and generally what he is like as a person — so that they are better equipped to handle emergencies if they should arise.

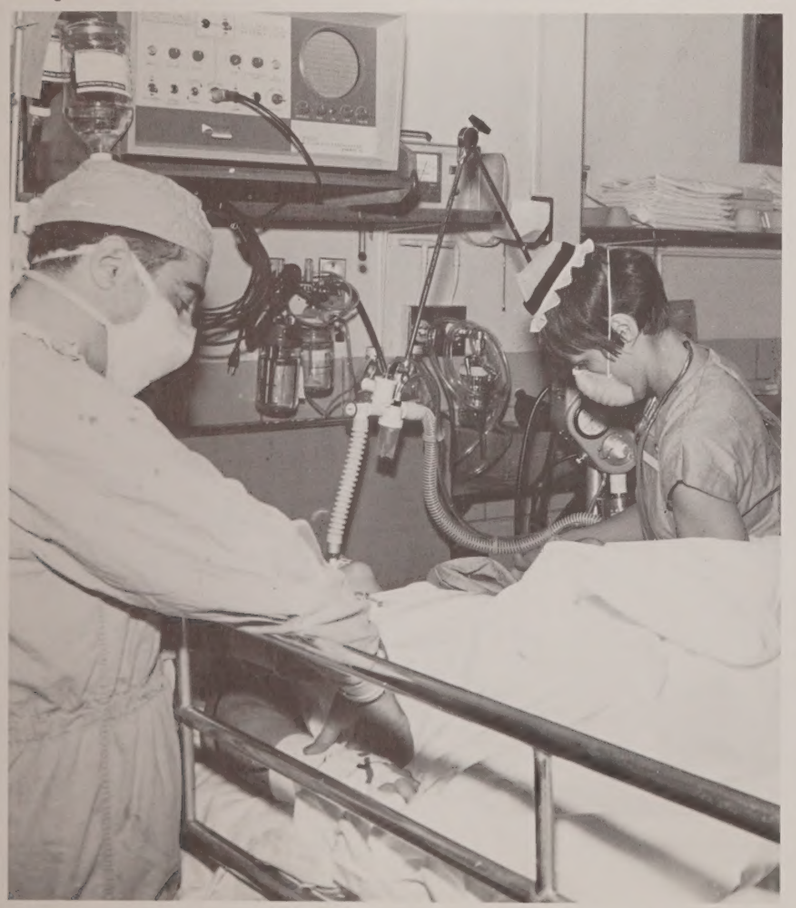
"We sometimes go back for a post-operative visit with the patient — to see how he's getting along, if he needs anything, and maybe fluff up his pillow or straighten his bed." The visits are valuable, as one patient commented, "Your genuine interest in each patient and the very real gentleness and kindness you show is to be commended."

Reassuring the patient that he is doing fine is one of the most important jobs of the nurse in the Recovery Room. Waking up to the beep of the monitoring system or the hiss of the oxygen mask can be frightening if the patient doesn't understand their purpose. The monitoring system at the bedside of each patient monitors his heart beat through a wire connected to the patient's chest and sounds an emergency buzz when the heart is beating erratically. A small screen shows the rhythm of the heart beat so that the nurse can tell by sight or sound if a cardiac arrest occurs. The glass bottle with the clear liquid is the intravenous feeding unit, and it is situated above the bed with a tube leading to the forearm. Checking the four vital signs — temperature, pulse, blood pressure, and respiration — are routine procedures. Supportive nursing — assisting the doctors, residents, and anesthesiologists with respiratory treatment, drugs, monitoring, and replacement fluids — plays an important role in the Recovery Room nurse's duties. In addition, the nurse must keep an eye out for a change in the patient's general appearance, such as color, and periodically examine dressings and drainage. She should also see that the patient is in a comfortable position.

The length of time a patient stays in the Recovery Room depends on the seriousness of the operation and the complications that might arise. Three hours is the average length of time, but critically ill patients, such as open heart cases, stay over night for more intensive care. If the patient shows signs of heavy bleeding or there is a chance he might have to be returned to surgery, he is held longer. Some patients come into the Recovery Room awake, and others take one to three hours to regain consciousness depending on the length of time in the Operating Room and the type of anesthetic used. "Very few patients talk a lot about personal things when they wake up — this is an old wives' tale," Miss Mugnier revealed.

"The Recovery Room is a good place to work," she said, "it's nice having different patients everyday. It's a good place to learn about a new treatment or how to handle a new complication. The responsibilities are greater, but it's tops in patient care," she concluded.

And patient care comes first at the Deaconess. The complicated electrical gadgets attest to the close surveillance kept on the patient, but someone even had the insight to think of the patient's emotional feelings. Colorful outdoor paintings line the walls in the Recovery Room — a refreshing relief from the medical paraphenalia surrounding the patients.



With the aid of Miss Mary Mugnier, Head Nurse in the Recovery Room, Dr. Peter Drake applies the breathing apparatus for a patient in the Recovery Room.

Piggy Banks Traded in For Alpha Credit Union Accounts

Have you heard any "oink oinks" lately? If not it's because the Alpha Credit Union is not a piggy bank, although it is a place to save your pennies.

This fully established credit union serves the permanent employees of the New England Deaconess Hospital and affiliates, and just recently the Alpha Credit Union has become available to the employees of the Lahey Clinic Foundation. The Credit Union Office is on Baker 1.

The Alpha Credit Union has many benefits which your piggy bank cannot offer. When you join the Alpha Credit Union you are really opening a savings account which will accumulate four and one-half per cent interest compounded semi-annually on April 30 and October 31. Now what piggy bank does that? Your account with the Alpha Credit Union can also serve another purpose.

The greatest advantage of the credit union is the availability of a convenient loan which you can repay through payroll deduction. You are eligible for a loan if you have been employed at least six months and have a minimum balance of five dollars in your Alpha Credit Union account.

If your piggy bank is really empty, there is a remedy. The Alpha Credit Union, which is the first hospital credit union in Massachusetts, offers two kinds of loans, secured and unsecured. An unsecured loan requires only that you have a good credit rating. A secured loan requires that you have a good credit rating and collateral to cover the loan.

The rate of interest for unsecured loans is six per cent payable within a year. The rate of interest for secured loans is four and one-half per cent payable within three years. All loans must be repaid through payroll deduction at a pre-established amount.

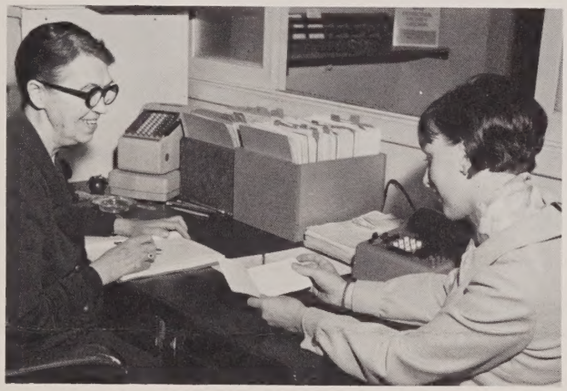
With an Alpha Credit Loan you can borrow much more than your piggy bank could hold. An unsecured loan for over $500 but under $1000, requires your signature and the signature of one co-signer. An unsecured loan for over $1000 but under $1500, requires your signature and the signature of two co-signers.

A co-signer must be over 21 years of age, and must complete the Alpha Credit Union Loan Application for credit purposes. If, however, an employee is a co-signer, he cannot take out a personal loan until the co-signed loan is paid in full.

You can take out a secured loan using your Alpha Credit Union Savings Account or a personal Savings Account at an outside bank as collateral. You can obtain a secured loan on an automobile in the amount of 80 per cent of the purchase price, up to a $3500 maximum. To complete your car loan you must have a signed Purchase and Sale Agreement.

Now that you know how convenient the Alpha Credit Union is, and how it can help you attain your dreams, don't you think your piggy bank deserves a diet? Let the Alpha Credit Union carry its weight.

Mrs. M. Margaret Shambow, Manager of the Alpha Credit Union, discusses a new employee's account.



NEW LIBRARY BOOKS

NON-FICTION:

Vibrations: The Adventures and Musical Times of David Amram
David Amram

So Human An Animal
Rene Dubos

The Valachi Papers
Peter Maas

Anti-Memoirs
Andre Malraux

McLuhan: Pro and Con
Raymond Rosenthal

The Sexual Wilderness
Vance Packard

The Generous Years: Remembrances of A Frontier Boyhood
Chet Huntley

POETRY:

Moon, For What Do You Wait?
Poems by Rabindranath Tagore

There's Always Another Windmill
Ogden Nash

FICTION:

The Heart Keeper
Francoise Sagan

The Love Object
Edna O'Brien

MYSTERY:

The Tremor of Forgery
Patricia Highsmith

NEWSMAKERS

Dorothy-Lee Jones, President of the Friends of the New England Deaconess Hospital, and a recognized authority on antique glass, spoke on "Our Victorian American Heritage as seen through Art Glass" at the March 12 meeting of the Wellesley Hills Woman's Club.

At a meeting sponsored by District V Nurses on March 10, Miss Ellen Howland, Director of Nursing and Assistant Administrator, participated on a panel reacting to the Massachusetts Nurses Association Council on Education's report. The discussion was held in Boston University's Sherman Union.

W. Clifford Fisher, 1st Vice President of PMAB, chaired a panel at a seminar sponsored by the Hospital Bureau of New York on March 5. Under the auspices of the American College of Surgeons, Mr. Fisher addressed a group of doctors and nurses at the Sheraton-Boston Hotel on March 11.

RETIREMENTS

Mary Marcott

Mary Marcott feasted on roast beef at posh Anthony's Pier Four with Mr. Doherty, head of Housekeeping, Mr. Peterson, the head of Laundry, and her friend Mary McDonald in celebration of her retirement after 12 years at the Deaconess.

"It's very hard today to find employees as loyal and true as Mary, who show such feeling toward the Hospital," Mr. Peterson commented sadly.

Mary, with her warm smile and pleasing manner, came to the Deaconess 12 years ago. For 11 years Mary was affiliated with Housekeeping and this year transferred to the Laundry Department at Harris Hall.

Mary applied for a job at the Deaconess on the recommendation of her cousin, then a nurse at the hospital, shortly after her arrival here from her home in Nova Scotia.

Said Mary, "I really liked working here," but merry eyes twinkling mirthfully revealed eager anticipation of her new life of leisure, when she can "just have a good time."

She looks forward to her return to Antigonish, Nova Scotia, next month, where one of her six children and ten of her 17 grandchildren are living. Since her hobby is knitting, and she has all those grandchildren, one thing is certain. She will never be left with time on her hands — they will be full of knitting needles and colorful yarn.

A spring corsage of pink carnations, lilies of the valley and bright daffodils, pinned to her dress, Eva Gifford hosted the "small intimate tea" that mushroomed into a crowded open house in the lobby of the Cancer Research Institute, March 28. She was celebrating her retirement after 41 years in the Housekeeping Department.

Standing before the table festooned with orange gladioli and laden with a giant pink, white, and green cake, Mr. Lee, Director, told Eva, "We have all enjoyed having you. You are a patriarch of our family and we hope you will continue to be."

Then he presented her with the gifts her friends brought her — the sterling silver rosary beads she has wanted for so long, and a check, accompanied by a letter full of good wishes from her many friends.

Eva came to the Deaconess in 1928 as a temporary replacement. But the head nurse, Miss Ruth Sherman, persuaded Eva to stay. As they worked together for the next 38 years, they formed a lasting friendship.

During her stay here, Eva watched the Deaconess grow. She reminisced that when she first arrived, the hospital was located only in the Palmer and Deaconess buildings. A big white house was standing in Baker's present site, and Fuller's Hotel was located where CRI now stands. Forty-one years have wrought tremendous change.

A GESTURE OF THANKS . . . Mr. Lee presents Eva Gifford with a token of appreciation for her 41 years of service.

Doctors doings

Dr. Thomas J. Anglem, Active Staff, General Surgery, traveled to Mexico City to attend the meeting of the Society of Head and Neck Surgeons held March 16-19.

Dr. David P. Boyd, Active Staff, Thoracic Surgery, gave a talk on "Primary Lung Tumors" and participated in a panel at the sectional meeting of the American College of Surgeons on March 11, in Boston.

Dr. Robert F. Bradley, Internal Medicine, Active Staff, made a presentation of data on the subject of Retinopathy-Hypophysectomy, January 22, at the American Diabetes Association Meeting as part of participation on the faculty for the post graduate course, in Denver, Colorado.

Dr. Bentley P. Colcock, General Surgery, Active Staff, attended the Massachusetts Medical Council Meeting, Statler Hilton, Boston, February 12. On January 30, Dr. Colcock lectured at the Boston City Hospital, Dowling Amphitheater, on the topic of "Regional Enteritis." On March 29, he spoke on "Crohn's Disease, a Continuing Problem for the Surgeon," at the Rhode Island Hospital.

Dr. Lloyd D. Flint, Active Staff, Department of Surgery, spoke on "Surgery of the Adrenals" at the nurses' session of the American College of Surgeons, March 3, at the Statler Hilton in Boston. He also moderated a panel discussion of "Renal Blood Flow Distribution" at the March 12 meeting of the American College of Surgeons at the Sheraton-Boston.

Dr. Leo P. Krall, Active Staff, Internal Medicine, presented a paper to the Hoeschst International Symposium in Rottach Egern, Germany, last January 26-27.

Dr. Merle A. Legg, Pathology, Active Staff, was moderator of a slide seminar on Diabetes Mellitus, November 23, in Baltimore, Maryland, during a four-day session of the Maryland Society of Pathologists.

Dr. Richard A. Oberfield, Internal Medicine, Associate Staff, participated in a symposium on cancer chemotherapy, Calhoun County Medical Society, Battle Creek, Michigan, where he presented a lecture on "Prolonged Intra-arterial Infusion Chemotherapy for Advanced Cancer," November 7.

Dr. Albert H. Sheffer, Active Staff, Allergy and Dermatology, presented a paper, "The Pathology of Hereditary Angioedema" on March 17, at the annual meeting of the American Academy of Allergy in Florida.

Dr. Robert D. Sullivan, Active Staff, Internal Medicine, gave a lecture on "Chemotherapy of Cancer of the Palantine" to the American College of Surgeons in Boston on March 12. On March 13, he spoke at the Fourth Annual Cancer Symposium on "Current Concepts of Cancer Chemotherapy" at the Akron City Hospital.

New England Deaconess Hospital Proven Patient Service Plan
BLUE RIBBON EXHIBITS
Copy of letter
Patient saying goodby to Patient Service

Bill Branson, Patient Service, receives the Certificate of Merit awarded to the Deaconess for its display at the New England Hospital Assembly.

Blue Ribbon Winners

New England Hospital Assembly

The Patient Service Department's new concept of admitting patients was selected by the New England Hospital Assembly for display at the Blue Ribbon Committee's Exhibition.

Various New England hospitals submitted descriptions of the service changes they have implemented, accompanied by some evidence that the changes were beneficial, such as a letter received from a patient, a member of a patient's family, or a hospital administrator.

The best entries were chosen for the Assembly's Blue Ribbon Committee Exhibit, and the others received honorable mention. Entrants qualifying for the Blue Ribbon Committee exhibit were entitled to set up displays at the War Memorial Auditorium the week of March 24.

The Deaconess display, built by the Hospital's Maintenance Department, featured photo blow ups illustrating the Patient Service Program, on four folding panels.

The first panel showed the Patient Service Coordinator greeting the patient and introducing him to the Patient Service Representative who is to handle all business transactions for the patient. The second panel showed the Patient Service Representative completing the necessary paperwork before taking the patient to his room. The third panel was a letter received from a patient's son-in-law who commended the idea of having just one Patient Representative take care of financial details discreetly without bothering the patient.

The final panel showed the patient saying good-bye to the Patient Service Representative after paying his portion of the bill and being assured that all third party forms would be completed properly.

Handouts describing the Patient Service Department's duties and a copy of the letter featured in the display were also available at the display.

The new award-winning plan is beneficial to the hospital as well as the patient. The patient appreciates the simplicity of having to contact only one Patient Representative, during his stay, to take care of all necessary details. He also enjoys being able to pre-plan financial arrangements so he won't be bothered by last minute business details when he is discharged. The hospital also benefits because processing of essential paperwork is accelerated and communications are improved within the department and throughout the hospital.

Another Blue Ribbon exhibit at the New England Assembly was sponsored by the Joint Center for Radiation Therapy, an affiliation of the Beth Israel Hospital, the Boston Hospital for Women, the New England Deaconess Hospital, and the Peter Bent Brigham Hospital.

A large montage of photographs highlighted the radiotherapy facilities at the Joint Center. The pictures showed the various activities which the Center performs besides the treatment of patients, such as research and teaching programs.

The Center was established to improve the quality of patient care, and limit the increasing cost of this care by sharing resources and professional personnel. The Radiotherapy Exhibit text explained the Center's goals and organization, their achievements, and future plans. An attractive brochure was given out which also contained this information.

PARKING SITUATION

(*Continued from Page* 1)

In order to keep up with this additional expense and not incorporate the cost into the patient's overall hospital charge, the Deaconess began charging employees who utilized the lots for parking.

Payroll deductions were a logical conclusion to eliminate time consuming collections at the lot gates. Automatic weekly payroll deductions allow for the lowered operating costs. Deductions were computed for the employees' benefit on the most equitable basis—hours worked at the Deaconess per week. Holidays, sick leave and vacation time are not computed into the cost of parking space rental. In contrast, most hospitals charge a flat annual fee.

"Our parking lots are full everyday," responded Mr. Lee, to the suggestion that the Deaconess has been asking the police to tag cars in order to 'force' people to use the Hospital parking lots. "The problem is that we have too many cars to accommodate in the parking lots," continued Mr. Lee. "Complaints from the Boston Fire Department have been received by the Deaconess," due to illegally parked cars blocking traffic on Pilgrim Road. "The District Fire Chief said he wouldn't guarantee that he could cover a fire at the Hospital because of the car clogged streets," explained Mr. Lee. "Our main concern and responsibility is to the Hospital patients and personnel," Mr. Lee emphasized. "The Fire Department contacted the police and made them aware of the situation here. The police phoned me and said they planned to tag all illegally parked cars." Mr. Lee reiterated: "Our main concern is the safety of patients, and we can't compromise this responsibility."

In response to several complaints regarding possibilities of theft and damage to an automobile left in the parking lots, Mr. Lee explained that Fitz-Inn Auto Parks, Inc., carries theft insurance with the Liberty Mutual Insurance Co., to protect employees entrusting them with their locked and unlocked cars.

It provides for the replacement of an unlocked car if stolen from the attended lots. Insurance is also carried by Fitz-Inn against damage to cars if proven to be the fault of the attendant. Articles left in cars cannot be covered and should be locked in the glove compartment or trunk. When keys are requested to be left in the car, employees are advised to leave only the ignition key. For those who prefer to lock their autos, space is provided at Vining Street.

Complaints received occasionally regarding parking attendants have been conveyed to Fitz-Inn officials with immediate results. Administrative Services welcomes all comments, suggestions and criticisms involving the parking facilities and urges Hospital personnel to bring them to the immediate attention of the Administrative Services office.

Profile: PETER CAMPISANO

Even a blizzard, Boston-style wouldn't stop Peter Campisano and his wife, Sandra, from attending a Boston Patriots football game. Sports – hockey and football in particular – take up only a fraction of the spare time in the busy life of the Hospital's Service Coordination Manager.

Service is the password in Peter's position within the Hospital. The Service Coordination Department was established in December 1965 to lessen the burden of work on the nurses. The Deaconess has always put patient care first on its priority list, but the nurses – who are professionally trained for this purpose – often become swamped with administrative and managerial tasks necessary to an efficiently run unit.

To put the nurses back in their professional places, Peter came to the Deaconess in 1965 to supervise the program. Fresh out of Boston University with a B.S. degree in Business and Biology, he assumed the task of managing a team of unit coordinators and unit hostesses who handle the non-nursing activities on the floor. The unit coordinators maintain stationary, medical, and drug supplies; order equipment for patient care and operation of the unit; and assist in the admittance and discharge of patients. The unit hostesses assist the coordinator with clerical and administrative duties in addition to delivering flowers, newspapers, and mail.

Peter acts as a liaison between the service and nursing departments. If he isn't at his desk in Baker I, he might be found conferring with a service department head to iron out any difficulties that might interfere with the best possible patient care.

"After overcoming a traditional change, we now have more requests for coordinators than we can fill," Peter explained. In the future he hopes to bring the program to more floors within the Hospital and expand operating hours to the full day and evening shift. At present, the unit coordinators number 10, and the unit hostesses, 50.

Peter became familiar with the unit coordinator system through firsthand experience. Upon his arrival at the Deaconess in 1965, he stationed himself on Palmer IV to observe and gather information pertaining to the unit. Then, while working closely with Mr. Hubert D. Sycamore, Assistant Director, and Miss Lois Preston, Associate Director of Nursing Service, both originators of the program, he moved into the position of organizing and directing an operational program. The training period lasts about two months and includes courses in medical terminology and transcribing. Peter has served as instructor in the terminology course which familiarizes the coordinators with the make-up of medical terms. The transcribing course, taught by Mrs. Donna Smiar, Peter's assistant, and organized by Barbara Howell, Head Nurse on Deaconess 2, teaches the coordinators how to transcribe doctors' orders.

A men with a finger in everything, Peter's responsibilities include directing administrative support in the Hospital's industrial engineering activities to determine the number of nurses needed to efficiently staff areas within assigned hours. Interviewing and hiring candidates for all positions within the department, recommending raises and promotions, and counseling employees all fall under his domain.

Peter had a taste of hospital life before arriving at the Deaconess. While attending Boston University days, he did some moonlighting at Boston City Hospital as an assistant in the emergency and accident division. After two years at this hectic pace, he took time off to serve six months in the U.S. Army and then toured Europe and the Middle East. In 1963 he went back to school at Boston University and back to work at Boston City Hospital. After graduation he taught biology in Weston, where he now lives with his wife and son, James, three months, and daughter, Lori, two years.

Peter is still moonlighting. Now he is heading for a master's degree in Business Administration at Babson Institute in August. In addition to school, he is an Operations Officer for an Army General Hospital as part of his Reserve training.

When his tedious schedule lets up in August with the completion of graduate school, what will he do with all his spare time? Perhaps buckle down and take up his piano lessons on a more regular basis.

Construction Briefs

The men from the electrical company doing the Hospital's electrical work must have been struck by spring fever when they put up a sign on their work office reading, "The Birthplace of Thomas Edison."

The giant 190-foot crane that was working on Pilgrim Road during the weeks of March 24 and 30 was hoisting reinforcement rods and decking to the top floors of the new Central addition. This was done in preparation for pouring the concrete floors, scheduled to get under way the week of April 7.

A 182 foot tower hoist has been built behind the addition, near the Chapel, to lift concrete to the different floors during the pouring, and for later use in transporting materials. The hoist is run by an electrically powered motor located under the passageway to the Chapel.

On Central 5, the arduous task of taking down the ceilings has begun, so plumbing and electrical pipes can be connected to the sixth floor of the new addition.

Jack hammers ripped through part of the foundation wall in the former Special Diet Kitchen so that two new refrigerators could be brought into the main kitchen for use in the salad room and bakery area. The opening will eventually become the entrance to the new dietary offices.

CANE AWARD

(*Continued from Page* 1)

ogy and Medicine, received the Albert Einstein Award in 1962 and was the recipient of the coveted American Cancer Society National Award in 1968. His acceptance of the AAPB gold headed cane brings up to the present the long and colorful history of this acknowledgement of outstanding medical contributions.

The first gold headed cane was carried from 1689 to 1825 by five distinguished British physicians: Radcliffe, Mead, Askew, Pitcairn and Baillie. In 1825, Dr. Baillie's widow presented the cane to the New College of Physicians. The organization later came to be known as the Royal College of Physicians. The cane has remained with the Royal College of Physicians, on display, ever since.

In 1919, the AAPB decided to continue the custom and has been awarding a replica of the cane to the worthiest men in the field of pathology.

Engagements

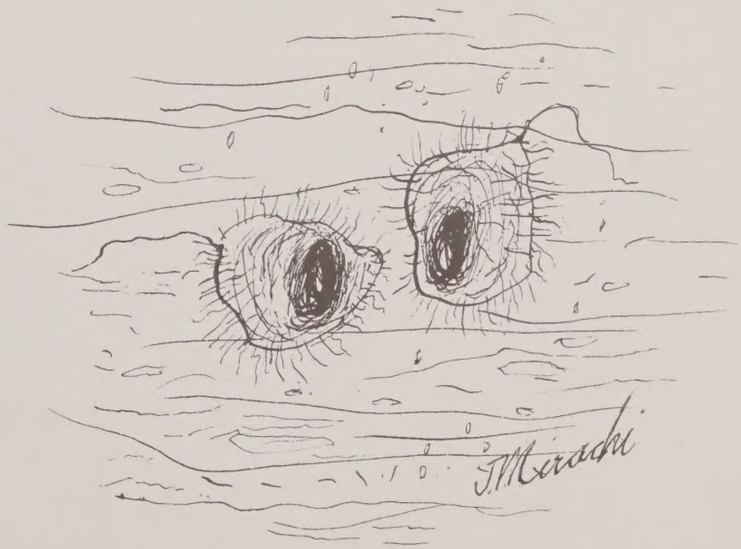
Miss Darlene Anne Bakos, senior, School of Nursing, to Mr. Donald J. Hipsky, employed at Pratt and Whitney Aircraft Corp., East Hartford.

Miss Jean Marie Farquharson, student at the School of Nursing, to Mr. Shelley Adam Walker, III, who attends the School of Pharmacy at Northeastern University.

Miss Carol Marie Mullins, Special Care Nurse, to Mr. Daniel P. McLaughlin, who attends Boston College and is employed by O'Sullivan Transport, in September.

Miss Mary-Lou O'Neill, therapy student, to Mr. Edward J. Bernard, employed at Investment Companies' Services Corp., on September 20.

Miss Christie Anne Williamson, technician in Surgery, to Mr. Stuart M. Bowers.



"Personally I'll always go along with an epidemic, but I'd never start one."

Reprinted by courtesy of the Medical Tribune

Telling It Like It Was

Mr. R. D. Lowry brightened the rainy afternoon of April 2 by giving his talk on the history of the Hospital. The Riverview Restaurant was crowded with a variety of Deaconess personnel who came to relax for an hour and gain background about the hospital.

Recounting the improvisational beginnings in a five-story house at 691 Massachusetts Avenue in 1896, Mr. Lowry told how the Methodist deaconesses had to carry the patients piggy-back up and down the narrow circular staircase. When an operating room was deemed necessary, these ingenious women spruced up a room, hanging glass shelves for the surgical instruments, and as doctors preferred, gas lights 40 inches above the operating table. The operating table was a 3x6 foot marble-top table, common for working on in kitchens of that day.

Another amazing accomplishment which Mr. Lowry noted was the record of no explosions in this makeshift operating room. The anesthetic used was cone-dipped ether, highly flammable. Yet from 1897 to 1903 while this room was lit with a gas lamp, there were no explosions.

The popularity of the early Deaconess eventually led to the $6000 purchase of the Pilgrim Road property as a sight for a new hospital. In 1903 the cornerstone was laid for what is now the nucleus of the Hospital. This venture was so far out in the "country" that it was viewed with much skepticism.

Mr. Lowry outlined the continuing expansion of the Hospital facilities and the advancements in medicine which influenced the specialization in cancer and diabetes. He concluded with a discussion of the current aims of the Deaconess and the expectations of its patients. The future of the Deaconess will undoubtably be as dynamic as the past.

When the meeting dispersed, many accepted Mr. Lowry's invitation for a cup of coffee "on the house", an appropriate finale to a thoroughly refreshing afternoon break.

Enjoying dessert after a roast beef dinner are: (seated left to right) Mr. R. D. Lowry, Miss Rita Kroms, Miss Fay Weimer, and Miss Judy Karlin.

Medical Technology Graduates 23

Twenty-three graduates from the School of Medical Technology received their diplomas Monday, March 31, and were treated to a roast beef dinner with all the trimmings in the Riverview Restaurant at 110 Francis St.

Established in 1960 by the New England Deaconess and New England Baptist Hospitals, the school operates in affiliation with Northeastern University. The graduates will receive their Bachelor of Arts degree from the University in June, and from there they will go on to take the National Certification Examination conducted by the Board of Registry of Medical Technologists of the American Society of Clinical Pathologists.

The diplomas, handed out by Dr. Bradley E. Copeland, Associate Director of the school, were a welcome sight to the girls after completing the cooperative phase of a five-year program during which they alternated between courses at Northeastern and training in hospital laboratories.

Master of Ceremonies was Dr. William A. Meissner, Chairman of the Pathology Department and Director of the school, who related to the graduates the history of the school and how it has grown.

On hand to give the girls a word of congratulations were: Mr. Richard E. Lee, Director; Mr. R. D. Lowry, Executive Vice President; Mr. Albert Curtis II, President of the New England Baptist Hospital; Mrs. John Shruhan, Teaching Supervisor; Dr. David Skinner, Clinical Pathologist; and Professor Britta Karlsson, Coordinator of the Medical Technology Program at Northeastern.

Thirteen of the twenty-three graduates were trained at the Deaconess. They are: Miss Helen Ruth Breiter, Miss Rita Kroms, Miss Janet Elizabeth McIntyre, Miss Carol Marie Mercier, Miss Natalie Eleanor Robar, Miss Christine Marie Straggas, Miss Lorraine L. Yokell, Miss Arlene Ruth Gordon, Miss Elaine Frances Flaherty, Mrs. Beverly Bohne Butryn, Miss Beverly Jean Perikli, Miss Carol Jean Hunnicutt, Miss Linda Lee Knight.

Ike's Cousin Praises Deaconess

On Monday, March 31, the Deaconess Chapel was filled with employees wishing to pay tribute to Gen. Dwight D. Eisenhower in a memorial service led by Rev. Ralph A. Curtis. In response to the service Mr. R. D. Lowry received a letter from Miss Florence M. Eisenhauer, a second cousin of the late General's, expressing her gratitude that the Deaconess paused to acknowledge his passing. Because her letter was so informative and thoughtful, it is printed here in its entirety.

"I want you to know how very happy I was to learn of the Memorial Service which was held in the Deaconess Hospital on Monday, March 31, in Memoriam to the late General Eisenhower and beloved former President of our country.

General Eisenhower had a very high regard for the Deaconess Hospital, having learned from his Aide in the White House, Maxwell Rabb — a Boston attorney and resident of Brookline, Mass., and a dear friend of mine — the high standing of the Deaconess and the high standing of the Medical Staff.

The President wrote me during my illness when I was a patient in the Deaconess and said he was very pleased to learn from Max that I was being so well cared for.

I know — or rather feel — Gen. Eisenhower would want me to thank you and all the good people who attended the Memorial Services in his memory.

I regret I was not able to attend due to the fact I was ill at home with a cold.

Although not with you all in person, I was with you in spirit on this sad occasion.

Sincerely and Gratefully,

Florence M. Eisenhauer

New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215

pulse

The New England Deaconess Hospital Complex, including the Medical Office Building at One Ten Francis Street, Lahey and Overholt Thoracic Clinics, the Joslin Diabetes Foundation, Inc., the Cancer Research Institute and the Shields Warren Radiation Laboratory, is internationally known for diagnosis, treatment and research in general medicine, brain and chest surgery, cancer and diabetes.

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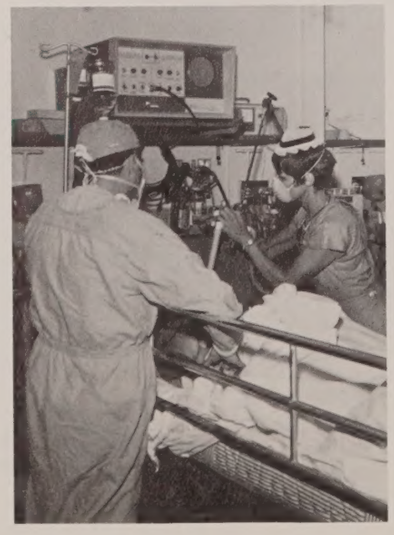
R. D. Lowry
Executive Vice President

Richard E. Lee
Director

Evans F. Houghton
Public Relations Director

Jane Tarbox
Public Relations Assistant

TENDER LOVING CARE — A Deaconess Recovery Room Specialty. Story and Pictures on page 2.



New England Deaconess Hospital Bowling League

DIVISION A

Team No.	Pinfall to date Incl. Handicap	Pts.
4—D. Colleran	36408	124
1—C. Schraub	36056	121
5—M. Hennessey	34227	110
2—J. Dillahant	34519	101
3—J. Barr	34301	98

High Singles		High 3 Strings for Year	
C. Schraub	120	C. Schraub	348
J. Swanson	117	J. Swanson	311
High Singles for Year		**High Average for Year**	
J. Bailey	156	J. Dillahant	98
B. Nickerson	121	B. Nickerson	91

DIVISION B

Team No.	Pinfall to date Incl. Handicap	Pts.
6—B. Laffey	35909	102
7—G. Graham	34166	100
9—E. Nickerson	34909	83
8—M. Coburn	33588	78

High Singles		High 3 Strings for Year	
B. Laffey	112	B. Laffey	336
P. Dumont	103	P. Dumont	298
High Singles for Year		**High Average for Year**	
B. Laffey	130	B. Laffey	98
P. Dumont	109	P. Dumont	88

DIVISION C

Team No.	Pinfall to date Incl. Handicap	Pts.
10—P. Gleason	35799	117
12—J. Mazza	35644	105
11—C. Cox	33071	99
14—B. Shapiro	27773	85
13—C. Pihl	12907	22

High Singles		High 3 Strings for Year	
B. Wambolt	104	P. O'Connor	300
P. Gleason	99	S. Meek	319
High Singles for Year		**High Average for Year**	
H. Sycamore	117	P. O'Connor	89
S. Meek	122	M. Foley	89
		S. Meek	87